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Who are Direct Care Professionals?

Direct care professional is an umbrella name for the workforce.

Direct care professionals (DCP) are defined as individuals who provide supportive services and care to people experiencing illnesses or disabilities and receive compensation for such services.

Commonly Called:

- direct support professionals
- direct care workers
- supported community living workers > and many other job titles
- home health aides
- certified nurse aides



FACILITY SETTINGS



HOME AND COMMUNITY-BASED SERVICES

Community Supports (non-residential)	Supports to Individuals and Families	Community Residential	Hospitals Intermediate Care Facilities/ID Nursing Facilities Psychiatric Medical Institutes for Children (PMIC)
Day Services and Programs	Home Health	Assisted Living	
Respite	Hospice	Group Homes	
Supported Employment	Personal Assistance and Support	Semi-independent Living	Residential Care Facilities
	Personal Care		State Mental Health Institutes
	Respite		State Resource Centers
	Supported Community Living		

Why Direct Care is Important

- Need
 - Increased demand for services in people's homes and communities
- Workforce development
 - Need for an additional 15,000 new DCPs by 2018
 - Single largest workforce in Iowa
- Challenges
 - Lack of standardized training
 - Estimated \$193 million spent in 2012 in Iowa on direct care turnover



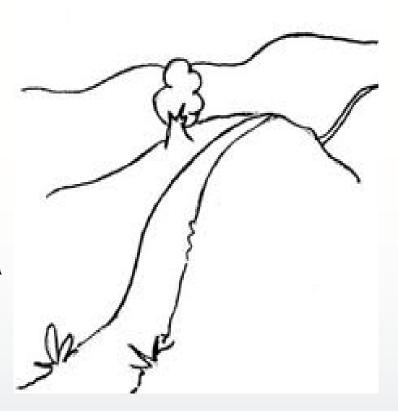
Background

- Legislatively-directed project
- Direct Care Worker Advisory Council:
 - Recommendations to Iowa Department of Public Health about training needs, credentials, and Board of Direct Care
 - Conduct outreach
- Federally-funded HRSA grant
 - Test/pilot the recommendations of the Council
 - Develop infrastructure for the Board



Recommendations of the Council

- Career Pathways
- Core, Advanced and Specialty Training
- State-recognized credentials issued by a Professional Board
- Continuing education
- · Grandfather current workforce





Required and Voluntary Components

REQUIRED for all DCPs

- 6-hour Core course
- Delivered in many settings incl. employers and online
- Have and maintain a DCA credential by completing 6

continuing education hours every 2 years

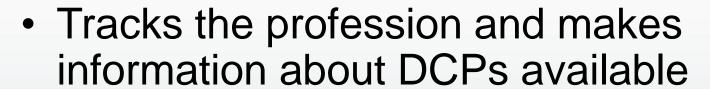
All other coursework and credentials are **voluntary**, unless required by setting or employer



Role of the Board of DCPs

Protects the public

 Sets rules and regulations for the profession, including standards for credentialing



Complaints, hearings, discipline



Benefits of the Model

- Clear understanding of education and skills
- Ability to advance and specialize; continuing education ensures up-to-date knowledge and skills
- Curriculum options; flexible delivery
- Improved retention = lower costs and time invested in recruitment and training
- Portable credentials
- National alignment
- Current workers grandfathered
 DIRECT CARE

Grant Pilot Activities

- lowa one of six states contributing to national model through HRSA grant
- Curriculum Development
 - 4 phases of review and testing, developed by experts
- Training of DCPs interim credentialing
- Retention and mentoring support of DCPs
- Online application, tracking and website
- Evaluation



Estimated Timeline of Activities

2013-2014:

- Board established through legislation
- Training/education and IT system finalized
- Ongoing outreach and education 2015:
- New requirements in place by 2015
- Two-year grandfathering begins
- All new DCPs access standard training and are credentialed









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